

# California Medi-Cal HIE Onboarding Program (Cal-HOP)

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**An Information Session and  
Interactive Workshop**

January 8, 2019

# Workshop Objectives

## Today's Goals

- ① Provide details on the California Medi-Cal HIE Onboarding Program (Cal-HOP)
- ② Answer your questions
- ③ Gather feedback to help refine Cal-HOP

- **Cal-HOP Vision, Approach, and Goals**
- **Cal-HOP Structure**
- **Criteria for Qualifying HIOs & Provider Organizations**
- **Onboarding Process**
- **Next Steps**

**Cal-HOP**  
**Vision, Approach, and Goals**

# Current State of HIE in California

## Findings from Medi-Cal Survey



### Low Participation in Regional HIOs

- **Only 26% of all provider currently connect to an HIO**
  - 14% plan to connect within 12 months
- **Only 17% of ambulatory practices currently connect to an HIO**
  - 8% plan to connect within 12 months



### Connectivity Costs The Biggest Barrier

- **63% of respondents** indicated that the cost of connecting to an HIO (including HIO subscription fees, costs to modify EHR systems, etc) was a significant or moderate barrier.
- **73% of ambulatory practices** indicated that the cost of connecting to an HIO was a significant or moderate barrier.



### Assistance Connecting EHRs to HIOs Needed

- **51% of respondents** indicated that they most valued “assistance with building technical interfaces from EHR to the HIO.”

# Cal-HOP Overview

## Vision and Approach

### Vision

#### **Expanding Medi-Cal providers' access to and use of HIE services will:**

- Improve provider access to information across a medical community
- Improve care coordination
- Improve the quality of care for patients
- Improve efficiency by reducing unnecessary utilization and waste
- Support specific Medi-Cal initiatives, including waiver programs (e.g., Whole Person Care)

### Approach

- 1. Create a Realistic Pathway:** Establish an incremental progression of achievable milestones that incentivizes use of HIE services.
- 2. Leverage Existing Regional HIOs:** Expand participation in the community-focused resources of California's HIOs.
- 3. Allow Flexibility:** Give Medi-Cal providers and HIOs the flexibility to determine how milestones are achieved.
- 4. Administer Efficiently:** Balance program accountability and operational efficiency.

# Cal-HOP Overview

## Goals

### 1. Connect

Increase the number of Medi-Cal providers exchanging patient data via a regional HIO

The value of electronic data exchange for Medi-Cal members and payers increases when the vast majority of Medi-Cal providers within a region participate in an HIO data-exchange network.

### 2. Expand

Expand the exchange capabilities of Medi-Cal providers that already participate in regional HIOs

Many HIO participants aren't exchanging the full complement of data that will improve the care of their Medi-Cal members.

HIO participants also find it difficult to access important HIO data directly into their EHRs and workflows.

### 3. Integrate

Facilitate Medi-Cal providers' access to the CURES prescription drug monitoring database

California law requires providers to consult CURES when prescribing controlled substances.

However, the prevailing method of accessing CURES is via a web portal that requires extra workflow steps.

Integrating CURES directly into providers' EHRs would greatly facilitate compliance with the law and help to reduce over-prescribing of controlled substances.

# **Cal-HOP Structure**

## Oversight and Implementation

### Available Funding

- Up to \$50 million is available from a federal matching program for two years.

### Milestone-Based Payments

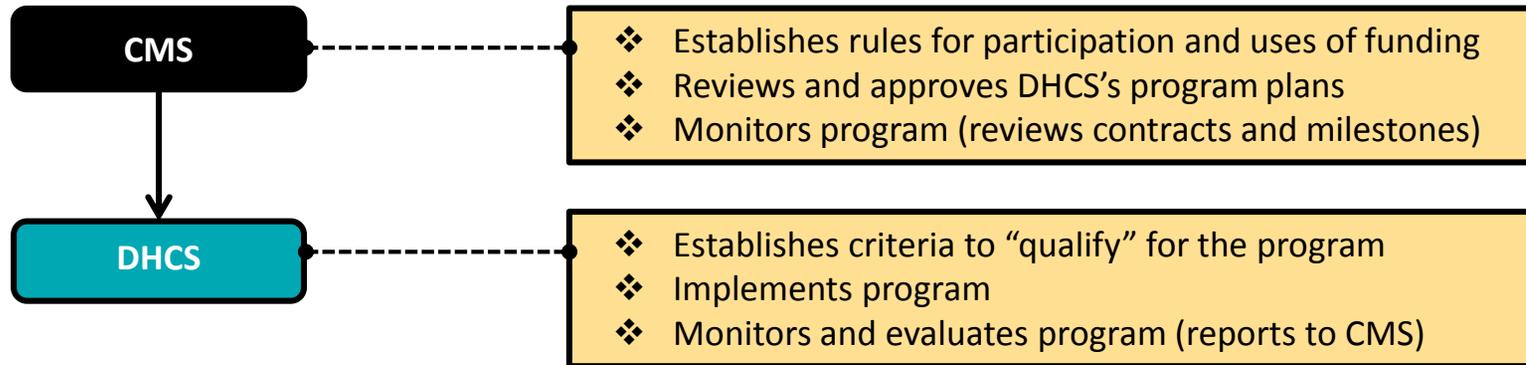
- DHCS will provide incentive payments for HIOs and Medi-Cal providers that, working together, meet specific onboarding and HIE connection milestones.

### Key Participants

- **DHCS** will oversee the program and distribute funds.
- **Regional HIOs** will apply to be “qualified” to participate in the program.
- **Medi-Cal provider organizations** (e.g., hospitals, clinics, practices) will be “qualified” to participate in the program.

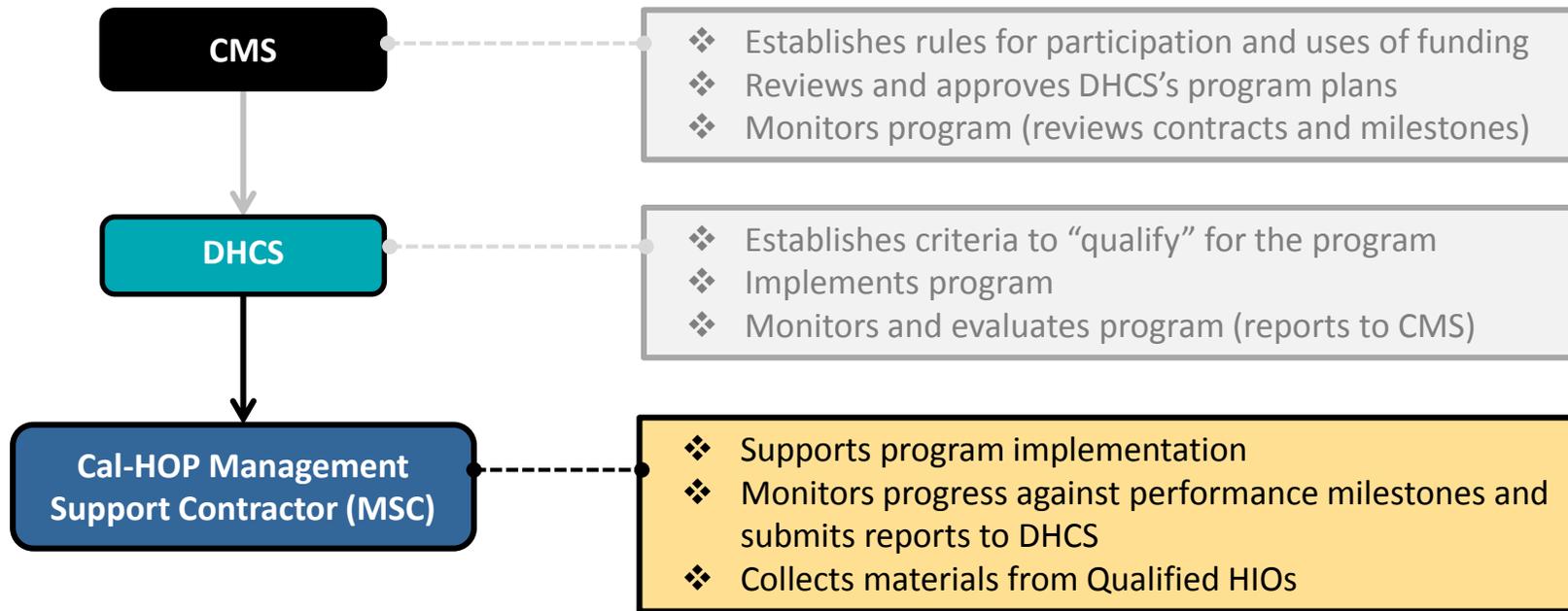
# Cal-HOP Oversight

## CMS and DHCS Roles



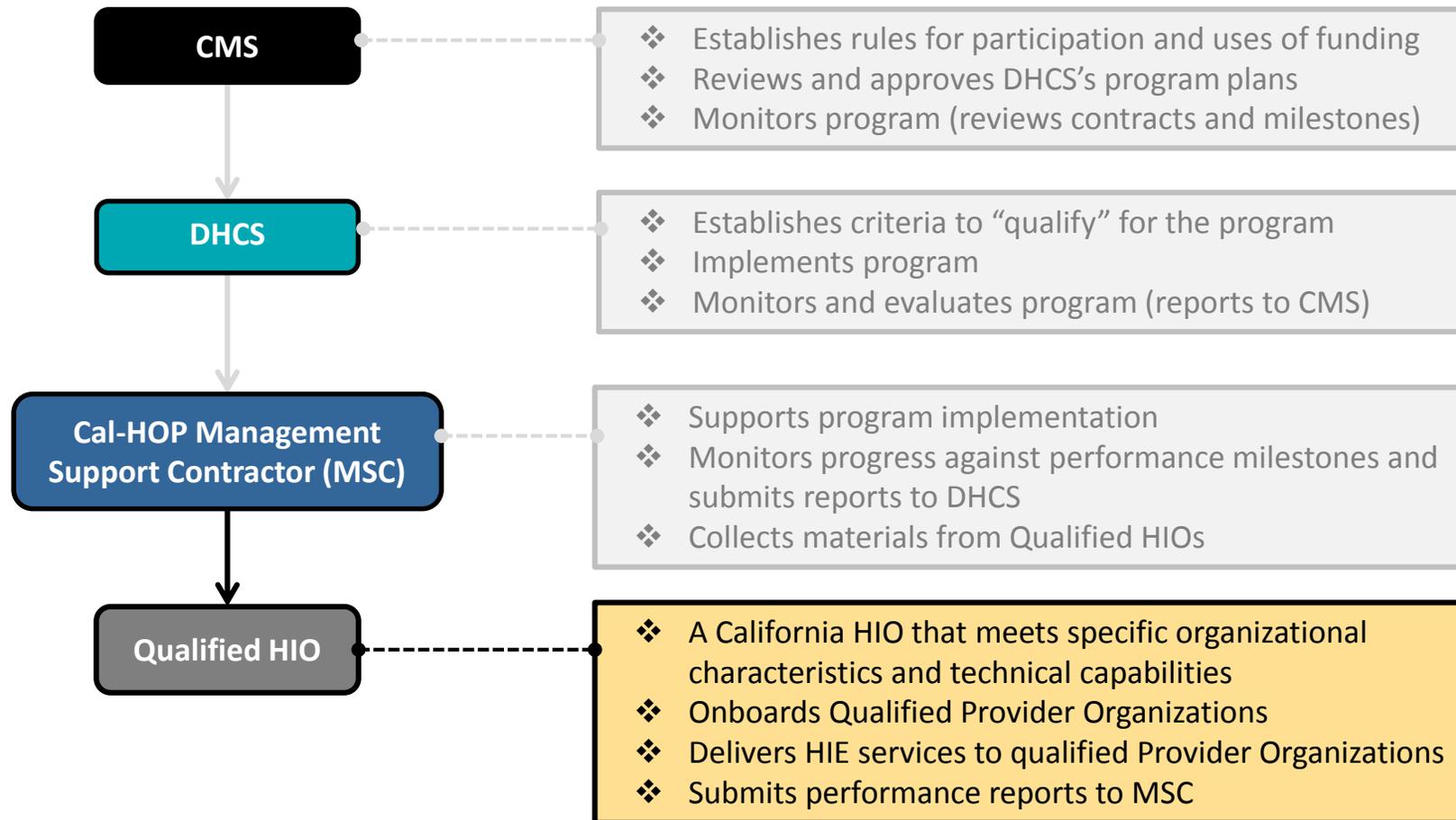
# Cal-HOP Support

## Management Support Contractor



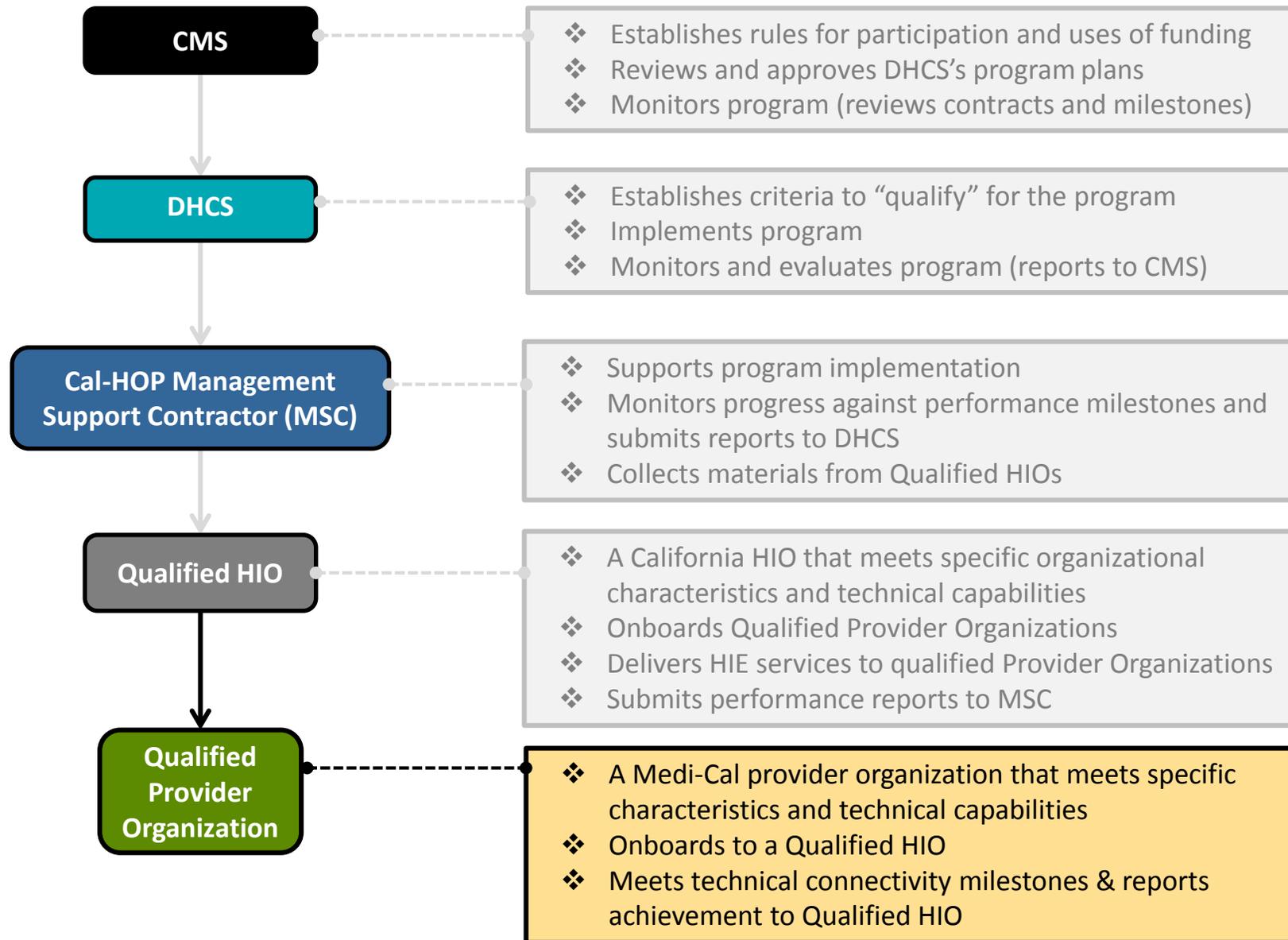
# Cal-HOP Participants

## Qualified HIOs



# Cal-HOP Participants

## Qualified Provider Organizations



# Cal-HOP Implementation Support

## Technical Support Contractor

CMS

DHCS

CA-HOP Technical Support Contractor

Qualified HIO

Qualified Provider Organization

- ❖ An HIO that meets specific organizational characteristics and technical capabilities
- ❖ Onboard Qualified Provider Orgs
- ❖ Delivers HIE services to qualified Med-Cal provider organizations

- ❖ A Medi-Cal provider organization that meets specific characteristics & tech capabilities
- ❖ Onboards to a Qualified HIO
- ❖ Meets technical connectivity milestones & reports achievement to Qualified HIO

- ❖ Works with Qualified HIOs to coordinate onboarding timing
- ❖ Works directly with Qualified Provider Organizations to support their onboarding to Qualified HIOs



**Cal-HOP Structure**  
Funds Flow

# Cal-HOP Funds Flow

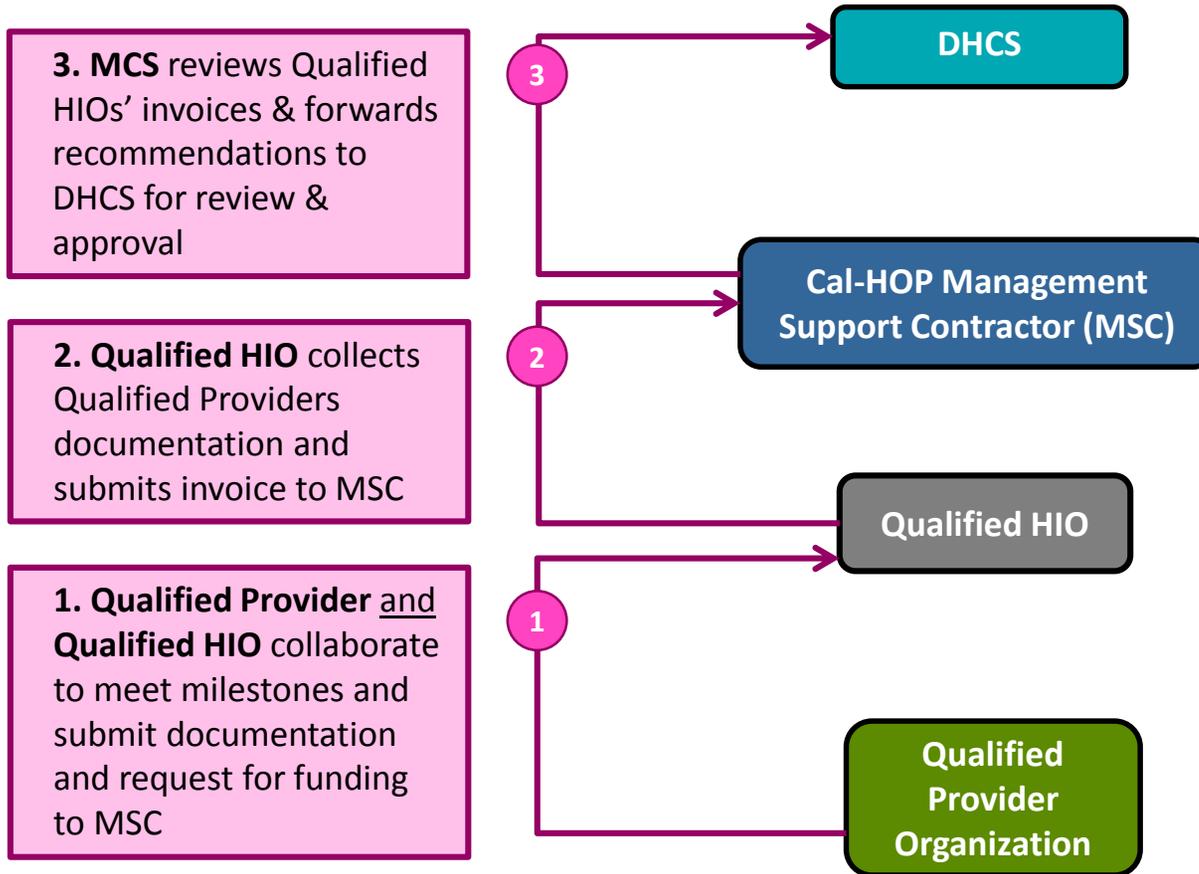
## Basic Components

<b>Total Amount Available</b> \$50 Million	<b>Deadline</b> Funding available thru Sept 2021	<b>Focus</b> An Incentive Program, Not A Reimbursement Program
<ul style="list-style-type: none"><li>▪ Funding is authorized by the American Recovery and Reinvestment Act of 2009 (ARRA)</li><li>▪ \$45 million from federal government and \$5 million match from the state's general fund (approved by CA legislature)</li></ul>	<ul style="list-style-type: none"><li>▪ CMS authorization for the onboarding program ends September 30, 2021.</li></ul>	<ul style="list-style-type: none"><li>▪ With limited funding, Cal-HOP is not intended to be a reimbursement program.</li><li>▪ DHCS will explore other mechanisms to help Medi-Cal providers cover the costs to access and use HIE services.</li></ul>



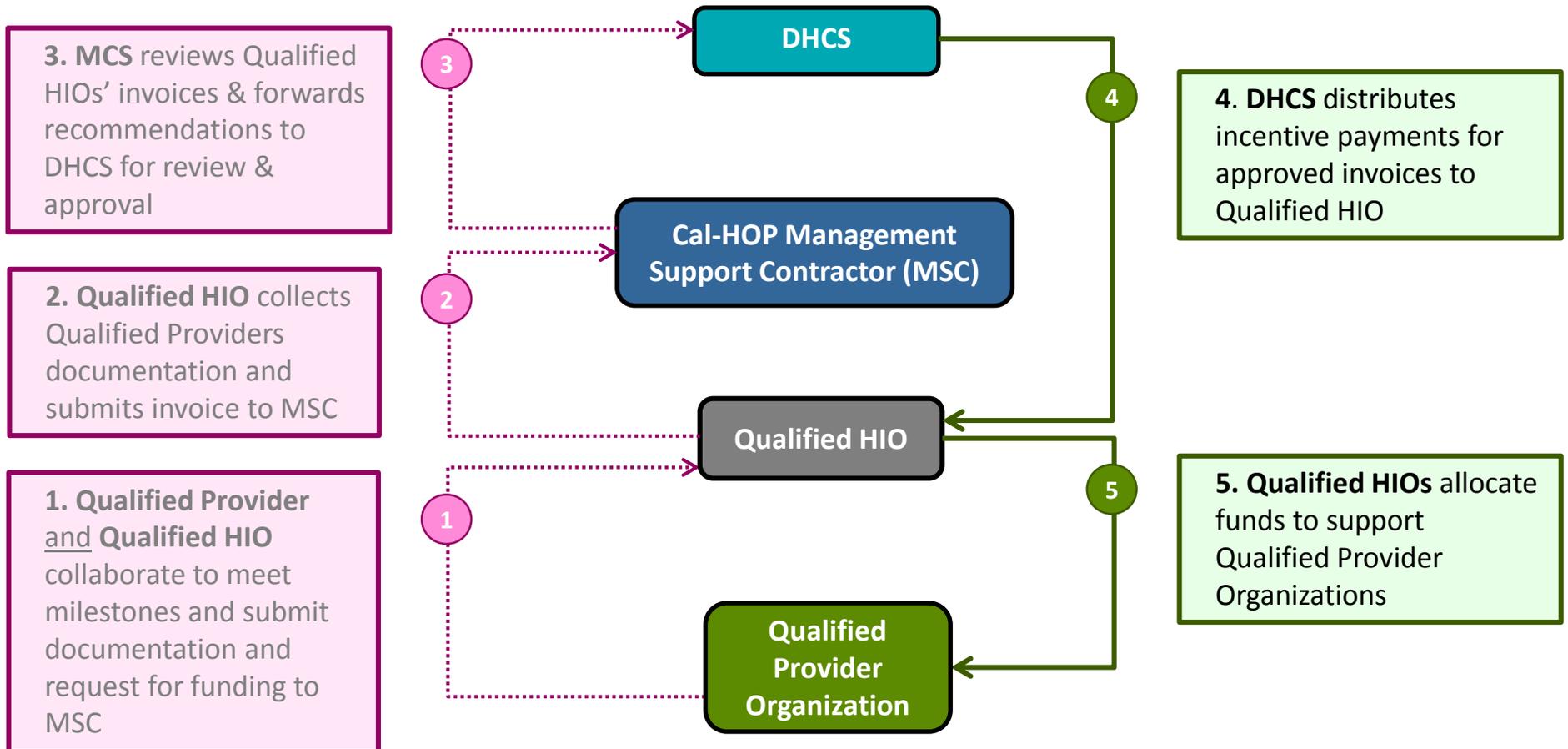
# Cal-HOP Funds Flow

## Reporting Milestone Achievement



# Cal-HOP Funds Flow

## Payment Process



### Qualified Provider Organization-Qualified HIO Relationship

- ❖ Provider organizations must designate a single Qualified HIO for achieving Cal-HOP milestones.
- ❖ However, Qualified Provider Organizations may participate in multiple HIOs.

### Milestones Payments

- ❖ Cal-HOP is not a reimbursement program; payments will be based on milestones, not actual costs.
- ❖ Qualified HIOs will receive a fixed amount for each milestone that the Qualified HIO achieves with a Qualified Provider Organization.
- ❖ Amount paid for meeting milestones will vary by organization type.
- ❖ Final payment amounts for the milestones have not been determined.
  - ❑ DHCS's initial estimates suggest that the following amounts would be appropriate:
    - a Qualified HIO & hospital meeting all incentive milestones could receive \$150,000
    - a Qualified HIO & clinic/ambulatory practice meeting all milestones could receive \$10,000

### Restrictions on Funding

#### ❖ CMS's restrictions on the use of Cal-HOP funds

1. Must be used by Medi-Cal providers
2. Must help Medi-Cal "Eligible Providers" to fulfill Meaningful Use objectives and measures
3. May not be used for ongoing HIE operations (initial onboarding activity only)
4. May not be used to purchase Certified EHR Technology or to pay for EHR to add the functionality needed to achieve certification

### Eligible Uses for Funding

#### **Qualified HIOs may use incentive payments to offset some of their costs, including:**

- ❖ The Qualified HIO's costs connect to statewide data sources (e.g., CURES).
- ❖ The Qualified HIO's costs to connect to a Qualified Provider organization's EHR.
- ❖ The Qualified HIO's costs to develop capabilities to perform the HIE services specified in the milestones.

#### **Qualified HIOs may use incentive payments to offset certain Qualified Provider costs, including:**

- ❖ Qualified Providers' costs for their EHR to connect to the HIO
- ❖ Qualified Providers' cost to retain a technology consultant to develop interfaces between their EHR and the HIO

# Cal-HOP Structure Timeline

# Cal-HOP Timeline

## Key Dates and Timing

### Program Launch

- DHCS awaiting final CMS approval to launch Cal-HOP.
- Several key Cal-HOP components (e.g., DHCS's contracts with Management Support Contractor and Qualified HIOs) will require additional CMS review and approval.

### Program Close

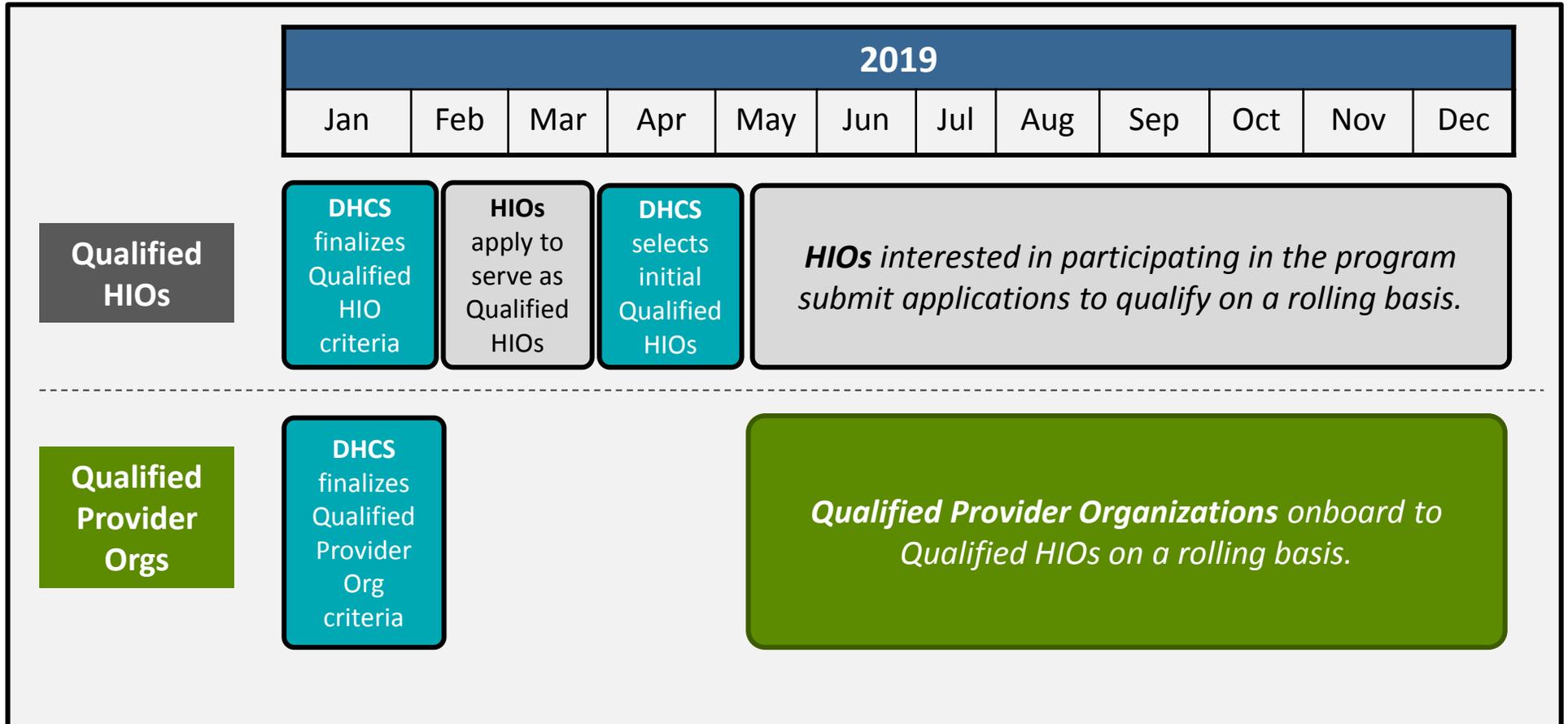
- CMS authorization for the program ends September 30, 2021.
- All onboarding activities must be completed before October 1, 2021.

### Payment Timing

- Qualified HIOs will be able to submit documentation for achieving milestones as they occur.
- DHCS will make payments within 45 days of receiving a valid request.

# Cal-HOP Timeline

## A View of the Next 12 Months\*



\* Proposed timeline depends upon the timing of CMS's approval of Cal-HOP plan

## **Qualifying Criteria for HIOs**

### Organizational Characteristics

1. A not-for-profit, California-based organization
2. Open to participation by any healthcare enterprises that serve Medi-Cal patients regardless of their business affiliations or health IT vendors
3. Financially viable and sustainable
4. Sufficient insurance and liability coverage
5. Ability to scale operations to accommodate the projected onboarding
6. Demonstrated support for Cal-HOP from Qualified Provider Organizations

### Technical Capabilities

7. Receiving Admission, Discharge, and Transfer (ADT) data from at least two, non-affiliated hospitals
8. Signatory to the California Data Use and Reciprocal Sharing Agreement (CalDURSA)
9. Participant in good standing in the California Trusted Exchange Network (CTEN)

### Publication and Reporting Requirements

#### 10. Provide up-to-date, public listings of:

- ❖ Current and planned capabilities to assist Qualified Provider organizations meet the Cal-HOP milestone requirements
- ❖ Applicable fees or fee-calculation methods for Qualified Providers to participate in the Qualified HIO and meet Cal-HOP milestones
- ❖ Names, organization type, and exchange services of provider organizations participating in the Qualified HIO.

#### 11. Submit quarterly reports to DHCS within 15 days after the end of each quarter

# **Qualifying Criteria for Provider Organizations**

# Qualified Provider Organizations

## Draft Criteria

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### Participation in Medi-Cal & Medicaid Promoting Interoperability Program

1. Valid contract w/DHCS or a Medicaid Managed Care Organization to bill for care of Medi-Cal patients.
2. Participation in the Medicaid Promoting Interoperability Program (if it is an Eligible Provider as defined by CMS)

### Organizational Capacity

3. Sufficient staff or consulting help to coordinate with the Qualified HIO in executing the legal agreements and implementing the data interfaces required to meet Cal-HOP milestones.

### Technical Capabilities for “Eligible Providers”

4. If the provider organization is an Eligible Provider as defined by CMS’s Medicaid Promoting Interoperability Program, the provider organization must:

- ❖ Use 2015-Edition certified EHR or
- ❖ Demonstrate plans to upgrade/migrate to a 2015-Edition certified EHR by the end of 2019

The EHR must also be capable of the achieving the integration required for the basic health information exchange technical milestone of the Cal-HOP.

# Qualified Provider Organizations

## Draft Criteria

### Technical Capabilities for Providers Who Are NOT “Eligible Providers”

5. If the provider organization is NOT an Eligible Provider as defined by CMS’s Medicaid Promoting Interoperability Program, the provider organization must use health information technology that is able to
- ❖ Send and/or receive clinical data that assist Eligible Providers to meet the Promoting Interoperability measures, and
  - ❖ Achieve the integration required for the Cal-HOP’s basic HIE technical milestone.

### Declaration of Intent to Participate in the Program

6. Has an executed letter co-signed by a Qualified HIO that confirms intent to onboard or (if already onboarded) to implement additional interfaces.

# **Onboarding Process**

# Program Milestones

## Focus and Steps

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### Focus

- ❖ Create connections directly between Qualified Provider Organizations' health IT systems and Qualified HIOs.
- ❖ Create a pathway to high-value use cases (e.g., event-based notifications, access to critical clinical data, integration with CURES).

### Steps

- ❖ Incremental progression through four steps.



# Qualified Provider Onboarding

## Payments and Timing

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### Payments

- ❖ Milestone payment amounts will vary by provider organization type and milestone.

Provider Org Type	Milestone 1 Participation Agreement	Milestone 2 Implement Basic Interfaces	Milestone 3 [optional] Implement Advanced Interfaces
Hospital	<\$\$ Amount Forthcoming>	<\$\$ Amount Forthcoming>	<\$\$ Amount Forthcoming>
Provider Practice or Clinic	<\$\$ Amount Forthcoming>	<\$\$ Amount Forthcoming>	<\$\$ Amount Forthcoming>
IPA or Medical Group	<\$\$ Amount Forthcoming>	<\$\$ Amount Forthcoming>	<\$\$ Amount Forthcoming>

### Timing Considerations

- ❖ Milestone 2 must be completed within one year of Milestone 1 being achieved.
- ❖ Milestones 2 and Milestone 3 (if undertaken) must be completed before Sept 30, 2021.
- ❖ DHCS reserves the right to rescind funding distributed to Qualified HIOs if:
  - Live connections for Milestone 2 and Milestone 3 (if undertaken) are not maintained for 1 year, or
  - Milestone 2 is not achieved within 1 year of achieving Milestone 1.

# Milestone 1

## Documentation of Participation and Eligibility

### Components

- ① Qualified Provider organization signs attestation of Medi-Cal participation.
- ② Qualified Provider organization signs attestation of its vendors' readiness to achieve selected milestone goals, to the extent that vendor participation will be required.
- ③ Qualified HIO provides documentation of the Qualified Provider organization formal participation in the Qualified HIO (i.e., a participation agreement, data-sharing agreement, BAA, and other required documents signed by the Qualified Provider Organization).

# Milestone 2

## Basic HIE Interfaces

### ① ADT Submission and Event Notifications

#### ***For Hospitals***

- ❑ Documented live (at least daily) feed of ADT (or equivalent) messages delivered to the Qualified HIO within 24 hours of an ED visit, hospital admission, and hospital discharge for Medi-Cal patients who are eligible to be included in the Qualified HIO.
- ❑ *If the hospital includes outpatient clinics,* documented (at least daily) feed of ADT (or equivalent) messages delivered to the Qualified HIO within 24 hours of an outpatient encounter for Medi-Cal patients who are eligible to be included in the Qualified HIO.
- ❑ Demonstrated access to and/or use of ADT-based encounter notifications provided by the Qualified HIO via a query/response (pull) mechanism.

#### ***For Provider Practice, Clinic, IPA/Medical Group***

- ❑ Documented (at least daily) feed of ADT (or equivalent) messages delivered to the Qualified HIO within 24 hours of an outpatient encounter for Medi-Cal patients who are eligible to be included in the Qualified HIO.
- ❑ Demonstrated access to and/or use of ADT-based encounter notifications provided by the Qualified HIO via a query/response (pull) or publish/subscribe (push) mechanism.

### ② CURES Integration

#### ***For All Applicable Providers\****

- ❑ Documented integration of a CURES PDMP data querying and retrieval function provided by the Qualified HIO into the clinical workflow of the Qualified Provider organization's EHR.
- ❑ Qualified Provider organizations that already have integrated access to the CURES database from within their EHRs via a mechanism other than the Qualified HIO (e.g., provided by their EHR vendor directly, or a 3<sup>rd</sup> party) will be exempt from having to meet connectivity through the Qualified HIO.

Note: Milestone 2 payments will be adjusted depending upon which CURES integration approach taken.

*\* Provider organizations required by law to consult CURES database when prescribing controlled substances.*

# Milestone 3

## Advanced Interfaces

### Five “categories” of interfaces

- Ⓐ Data feeds between the Qualified Provider organization and Qualified HIO
- Ⓑ Data submission/retrieval services with Public Health Registries (e.g., CAIR2) via the Qualified HIO
- Ⓒ Integration of clinical data from the Qualified HIO into the Qualified Provider’s EHR via a web-services API
- Ⓓ Activation of a new edge server and/or addition of specific data types to an existing edge server used by the Qualified HIO
- Ⓔ Other approved interfaces

# Milestone 3: Advanced HIE Services

## The “Categories” and the “Interfaces”

Qualified HIO and Qualified Provider organization must implement a required number of the interfaces listed below to satisfy Milestone 3 (may choose from any category(ies))

<b>Category A:</b> Data feeds between a Qualified Provider Organization’s EHR and a Qualified HIO	<b>Category B:</b> Data submission or retrieval services with Public Health Registries into Qualified Provider Organization’s EHR	<b>Category C:</b> Integration of clinical data from the HIO into the provider’s EHR via web-services API (e.g., FHIR)	<b>Category D:</b> Activation of a new edge server and/or addition of following data types to existing edge server
<ul style="list-style-type: none"> <li><input type="checkbox"/> Laboratory results via HL7 messaging</li> <li><input type="checkbox"/> Med list via HL7 messaging</li> <li><input type="checkbox"/> Radiology reports via HL7 messaging</li> <li><input type="checkbox"/> Discharge summaries via HL7 messaging</li> <li><input type="checkbox"/> Referral request via HL7</li> <li><input type="checkbox"/> Consult note via HL7</li> <li><input type="checkbox"/> Structured clinical documents – as HL7 C-CDAs (CCD, Discharge Summary, Referral Note, Consultation Note)</li> <li><input type="checkbox"/> EMS NEMSIS reports</li> <li><input type="checkbox"/> ERx info including SCRIPT regarding ordering, fill, &amp; cancel</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Submission of immunizations from QP to CAIR2 registry</li> <li><input type="checkbox"/> Real-time retrieval of immunizations from CAIR2 registry to QP within clinical workflow – via API or SSO</li> <li><input type="checkbox"/> Submission of Advance Directives / POLST forms to POLST registry</li> <li><input type="checkbox"/> Real-time retrieval of ADs/POLST forms from POLST registry within clinical workflow – via API or SSO</li> <li><input type="checkbox"/> Submission of diagnosis/treatment data for reportable events from QP to CalREDIE registry</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Laboratory results</li> <li><input type="checkbox"/> Medication lists</li> <li><input type="checkbox"/> Problem lists</li> <li><input type="checkbox"/> Radiology reports</li> <li><input type="checkbox"/> Diagnostic quality images</li> <li><input type="checkbox"/> Discharge summaries</li> <li><input type="checkbox"/> Immunizations</li> <li><input type="checkbox"/> Advance Directives / POLST</li> <li><input type="checkbox"/> Patient summary (e.g., CCD)</li> <li><input type="checkbox"/> EMS NEMSIS reports</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> CCD document</li> <li><input type="checkbox"/> Other C/CDA document</li> <li><input type="checkbox"/> Laboratory results</li> <li><input type="checkbox"/> Radiology reports</li> <li><input type="checkbox"/> Diagnostic quality images</li> <li><input type="checkbox"/> Medication lists</li> <li><input type="checkbox"/> Allergies</li> <li><input type="checkbox"/> Problem lists</li> <li><input type="checkbox"/> Immunizations</li> <li><input type="checkbox"/> Advance Directives / POLST</li> <li><input type="checkbox"/> EMS NEMSIS reports</li> </ul>

### Category E: “Other”

HIOs may petition DHCS to implement other type(s) of interfaces to count towards Milestone 3

# Milestone 3: Advanced HIE Services

## The “Categories” and the “Interfaces”

Qualified HIO and Qualified Provider organization must implement a required number of the interfaces listed below to satisfy Milestone 3 (may choose from any category(ies))

### Category A:

Data feeds between a Qualified Provider Organization’s EHR and a Qualified HIO

- Laboratory results via HL7 messaging
- Med list via HL7 messaging
- Radiology reports via HL7 messaging
- Discharge summaries via HL7 messaging
- Referral request via HL7
- Consult note via HL7
- Structured clinical documents – as HL7 C-CDAs (CCD, Discharge Summary, Referral Note, Consultation Note)
- EMS NEMSIS reports
- ERx info including SCRIPT regarding ordering, fill, & cancel

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**Qualified HIO and Qualified Provider organization must implement a required number of the interfaces listed below to satisfy Milestone 3 (may choose from any category(ies))**

<b>Category A:</b> Data feeds between a Qualified Provider Organization’s EHR and a Qualified HIO	<b>Category B:</b> Data submission or retrieval services with Public Health Registries into Qualified Provider Organization’s EHR	<b>Category C:</b> Integration of clinical data from the HIO into the provider’s EHR via web-services API (e.g., FHIR)	<b>Category D:</b> Activation of a new edge server and/or addition of following data types to existing edge server
<ul style="list-style-type: none"> <li><input type="checkbox"/> Laboratory results via HL7 messaging</li> <li><input type="checkbox"/> Med list via HL7 messaging</li> <li><input type="checkbox"/> Radiology reports via HL7 messaging</li> <li><input type="checkbox"/> Discharge summaries via HL7 messaging</li> <li><input type="checkbox"/> Referral request via HL7</li> <li><input type="checkbox"/> Consult note via HL7</li> <li><input type="checkbox"/> Structured clinical documents – as HL7 C-CDAs (CCD, Discharge Summary, Referral Note, Consultation Note)</li> <li><input type="checkbox"/> EMS NEMSIS reports</li> <li><input type="checkbox"/> ERx info including SCRIPT regarding ordering, fill, &amp; cancel</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Submission of immunizations from QP to CAIR2 registry</li> <li><input type="checkbox"/> Real-time retrieval of immunizations from CAIR2 registry to QP within clinical workflow – via API or SSO</li> <li><input type="checkbox"/> Submission of Advance Directives / POLST forms to POLST registry</li> <li><input type="checkbox"/> Real-time retrieval of ADs/POLST forms from POLST registry within clinical workflow – via API or SSO</li> <li><input type="checkbox"/> Submission of diagnosis/treatment data for reportable events from QP to CalREDIE registry</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Laboratory results</li> <li><input type="checkbox"/> Medication lists</li> <li><input type="checkbox"/> Problem lists</li> <li><input type="checkbox"/> Radiology reports</li> <li><input type="checkbox"/> Diagnostic quality images</li> <li><input type="checkbox"/> Discharge summaries</li> <li><input type="checkbox"/> Immunizations</li> <li><input type="checkbox"/> Advance Directives / POLST</li> <li><input type="checkbox"/> Patient summary (e.g., CCD)</li> <li><input type="checkbox"/> EMS NEMSIS reports</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> CCD document</li> <li><input type="checkbox"/> Other C/CDA document</li> <li><input type="checkbox"/> Laboratory results</li> <li><input type="checkbox"/> Radiology reports</li> <li><input type="checkbox"/> Diagnostic quality images</li> <li><input type="checkbox"/> Medication lists</li> <li><input type="checkbox"/> Allergies</li> <li><input type="checkbox"/> Problem lists</li> <li><input type="checkbox"/> Immunizations</li> <li><input type="checkbox"/> Advance Directives / POLST</li> <li><input type="checkbox"/> EMS NEMSIS reports</li> </ul>

### Category E: “Other”

HIOs may petition DHCS to implement other type(s) of interfaces to count towards Milestone 3

## **Next Steps**

## Upcoming Milestones

- ① Secure CMS approval for Cal-HOP
- ② Finalize qualification criteria for HIOs and Provider Organizations (by Jan 31)
- ③ Host webinar to provide update on final qualification criteria and program (early Feb)
- ④ Launch HIO qualification process